

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050289

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3971

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri; COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirkwood

Length of stay in 1b

c. CITY OR TOWN Kirkwood

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bethesda-Dilworth Home

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1001 E. Big Bend

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First LULIE

Middle M.

Last McBEATH

4. DATE OF DEATH

Month Dec

Day 26

Year 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/10/1878

9. AGE (last birthday) 85

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY housewife

11. BIRTHPLACE (City and state or country)
Dearborn, Missouri

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

unknown Gilbert

13b. MOTHER'S MAIDEN NAME

unknown Johnson

14. NAME OF HUSBAND OR WIFE

late, Frederick D. McBeath

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Mrs. Maude M. Cosgrove #30 Wydown Terrace

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH
Chc

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

with congestive failure

15dk

DUE TO (c)

Arteriosclerotic, vascular disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Injured from hip fracture 4/6/63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
fall

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Bethesda Dilworth

20f. CITY, TOWN, OR LOCATION Kirkwood

COUNTY Mo.

STATE

21. I attended the deceased from May 15 1961 to Dec 26 1963 and last saw her alive on 12/26/63
Death occurred at 1:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chesabrough MD

22b. ADDRESS

Webster Groves Mo.

22c. DATE SIGNED

12/27/63

23a. BURIAL, CREMATION, REMOVAL R.R. removal R.R.

23b. DATE

12/27/63

23c. NAME OF CEMETERY OR CREMATORY

Greenhill Cemetery

23d. LOCATION (City, town, or county)

Rockport,

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel, Inc 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

12-27-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev 4/59
1 4003
2 4003
3 2
4 1
5 12
6 1
7 0
8 2
94200F
10
11
12 86-0
13

Dr. Seabaugh
105 W. Lockwood Mo-1-5002

45.6650

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Arnold W. Schoene

Licensed Embalmer No. 3864
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.